# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-041401** STATE FILE NUMBER

Registration District No. _366_ Primary Registration District No. _____ Registrar's No. _80_

**FILED NOV 14 1962**

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| **DO NOT WRITE ON THIS STUB** **AMENDED** | |
| VS 300 Rev. 4/59 | |
| 1 /100 | |
| 2 /100 | |
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| 4 0 | |
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| 8 2 | |
| 9 420.1 | |
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| 12 90-3 | |
| 13 1-0 | |

**USE BLACK INK OR TYPEWRITER RIBBON**

**1. PLACE OF DEATH**
a. COUNTY: Washington
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ~~Bismarck~~, Belleview
Length of stay in 1b: 12 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☐ No ☒

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Washington
c. CITY OR TOWN: Bismarck — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Star Rt. — Reside on Farm: Yes ☒ No ☐

**3. NAME OF DECEASED** (Type or print)
First: William — Middle: Monte — Last: Short

**4. DATE OF DEATH** — Month Day Year: November 12, 1962

**5. SEX:** Male
**6. COLOR OR RACE:** White
**7.** Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
**8. DATE OF BIRTH:** 12-18-1891
**9. AGE (last birthday):** 70
**IF UNDER 1 YEAR:** Months 10 Days 25 — **IF UNDER 24 HR:** Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Insulator
**10b. KIND OF BUSINESS OR INDUSTRY:** Construction
**11. BIRTHPLACE** (City and state or country): Howes Mill, Mo.
**12. CITIZEN OF WHAT COUNTRY:** U.S.A.

**13a. FATHER'S NAME:** James A. Short
**13b. MOTHER'S MAIDEN NAME:** Luella Anderson
**14. NAME OF HUSBAND OR WIFE:** Essie Belle — Address

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No None
**16. SOCIAL SECURITY NO.:**
**17. INFORMANT:** Essie Short, Bismarck, Mo.

**18. CAUSE OF DEATH** (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) *Coronary Thrombosis* — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒
**20a.** ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
**20c. TIME OF INJURY:** Hour ___ a.m. p.m. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**20f. CITY, TOWN, OR LOCATION — COUNTY — STATE**

21. Attended the deceased from XXXX to XXXX and last saw him alive on XXXX
Death occurred at _3:00 P.M._ m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): *R. J. Gibson Conant*
**22b. ADDRESS:** Patoi, Mo.
**22c. DATE SIGNED:** 11-13-62

**23a. BURIAL, CREMATION, REMOVAL (Specify):** Burial
**23b. DATE:** 11-15-62
**23c. NAME OF CEMETERY OR CREMATORY:** Boss Cemetery
**23d. LOCATION (City, town, or county):** Boss, Missouri — (State)

**24. FUNERAL DIRECTOR** ADDRESS: Shipman & Son, Bismarck, Mo.
**25. DATE RECD. BY LOCAL REG.:** 11/13/62
**26. REGISTRAR'S SIGNATURE:** *Helen Kendall*

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Johnny Shipman Jr. _____, Student Embalmer No. 664

working under my personal supervision.

Student _____ Johnny Shipman Jr. _____          Signed _____ John H. Shipman _____
     Signature of Student Embalmer

Licensed Embalmer No. H881

P. O. Address _____ Bismarck, Mo. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.